

USM-285 is a 5-part form. Fill the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PSN 1 ✓

PLAINTIFF Jesse LaPrade et al		COURT CASE NUMBER 2:06mc3344	
DEFENDANT Energy Automation Systems, Inc. et al		TYPE OF PROCESS Application, Writ, Notices	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Auburn University ATTN: Human Resources		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Langdon Hall, Auburn University, AL 36849-5126		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	4
U. S. District Court Middle District of Alabama, Clerk's Office P.O. Box 711 Montgomery, AL 36101-0711		Number of parties to be served in this case	2
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times for Delivery of Service)			
<div style="text-align: center;"> <p>RETURNED AND FILED</p> <p>JAN 12 2007</p> <p>CLERK U.S. DISTRICT COURT MIDDLE DIST. OF ALA.</p> </div>			
Signature of Attorney other Originator requesting service on behalf of PLAINTIFF William L. Campbell, MIDDLE DIST. OF ALA.		TELEPHONE NUMBER 616-320-3700	DATE 12-19-06
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. 2	District to Serve No. 2
Signature of Authorized USMS Deputy or Clerk Y. Chavers		Date 12/21/06	
I hereby certify and return that <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) MRS MARY TURNER Human Resources, Auburn University		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date 1-8-07	Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy Michael F. Bates	
Service Fee \$90.00	Total Mileage Charges including endeavors \$40.01	Forwarding Fee	Total Charges \$130.01
		Advance Deposits \$110.00	Amount owed to U.S. Marshal* or (Amount of Refund*) \$20.01

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00